

Original article

Sexual behaviour and level of awareness on reproductive health among youths: Evidence from Harar, Eastern Ethiopia

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Abstract: In an effort to initiate youth reproductive health program in Harar, Ethiopia, a baseline survey was conducted between May 31 and June 5, 1997 in three randomly selected three kebeles of the town. The aim of the survey was to get benchmark information on sexual behavior of youth and their level of awareness on reproductive health. A total of 900 males and females aged 14-29 years were randomly selected from the three Kebeles. The survey results showed that nearly half of the participating males and one-fifth of females reported that they have experienced sexual intercourse. With the mean age of 16.9 years at first intercourse, males became sexually active earlier than their females. About 15% of respondents had experienced unwanted pregnancies and a little over half of them know the time of ovulation and when pregnancy would occur. Although the level of knowledge about family planning (FP) methods among the youth was favorable (69.3% of males and 63.9% of females), only about one-fourth reported ever having used a method. Seventy percent of males reported that they had used condom, whereas 65.8% of females had practiced the pills. The findings further indicated that there is a substantial level of awareness of HIV/AIDS by the respondents (97.7 and 96.4% of males and females, respectively). A large proportion of the respondents was able to specify the common ways of transmission of the disease. Recommendations are made to strengthen the youth reproductive health program initiated in the area. [*Ethiop. J. Health Dev.* 1999;13(2):107-113]

Introduction

Recent research shows an increasing trend in sexual activity among adolescents in both developed and developing countries. This marked change of sexuality among teenagers is mainly caused by socioeconomic changes as urbanization and modernization, improved health and nutrition status resulting in low age at menarche, earlier sexual maturity, low level of knowledge concerning human reproduction, liberalization of attitudes regarding sexuality, relaxation of mechanisms of traditional and control over sexuality, and ignorance about sex and family planning (1).

With the realization of the social norms of the sexual behavior there is more of an emphasis on controlling reproductive behavior than limiting sexual behavior. However, adolescents in many developing countries of Africa, Asia, and Latin America have little knowledge about sex and reproduction, putting themselves at considerable risk of unwanted pregnancy (2,3).

For young girls, the consequences of pre-marital pregnancy are serious. In addition to medical complications that are more common among women who have not reached reproductive maturity, there are important social, educational, and economic consequences. As morbidity and mortality among adolescents increasingly become a focus of research and policy initiatives in developing countries, teenagers' problems of unprotected sexual activity, rising pregnancy rates and use of clandestine abortion methods becomes readily apparent (4).

Sexual activity among youths in Ethiopia, particularly those residing in urban areas, has resulted in large numbers of unwanted pregnancies and illegal abortions, which pose serious health and social problems. Studies carried out in the country indicate that complications from unsafe abortions account for almost 55 percent of all recorded maternal deaths, some 13 percent of which occur among women under the age of 20. The number of cases of sexually transmitted diseases (STDs), including HIV/AIDS, is also increasing (5).

In view of the above, the Family Guidance Association of Ethiopia (FGAE) started to address the problem of youths by establishing a special youth counseling and reproductive health services center in Addis Ababa in 1990. Its objectives were to empower young people by providing relevant information and services, to adopt responsible attitudes and make sensible decisions about sexuality, reproductive health and adolescent fertility.

With its accumulated experiences in youth reproductive health program, the Association is in the process of replicating this program in the major urban centers of the country. The youth reproductive health program of Harar town is one of these.

There is no standard or universally accepted definition for youth, since different cultures have different perceptions. According to the definition of the United Nations, youth constitute the population between 15 and 24 years. However, FGAE's experience of the youth program showed that a good number of youth aged 25-29 also benefited from the program. In view of this, therefore, eligible respondent for this particular survey was defined as males or females aged 14 to 29 years who are usually members of a household.

This baseline survey was conducted between May 31 and June 5, 1997 to get bench-mark information on sexual behavior of Harar youths and their level of awareness of reproductive health before the intervention of the program. Specifically, the survey was aiming at examining sexual behavior of the youths assessing the knowledge, practice, and attitude towards family planning among the youth s measuring the level of awareness of youths with regard to HIV/AIDS, and assessing the magnitude of unwanted pregnancy.

Methods

Administratively, Harar town has in three weredas and 19 kebeles, the lowest administrative tier in the country. The sampling design adopted for the study was a two-stage simple random sampling using kebeles within the wereda as primary sampling units (PSUs).

As per the sample design prepared for this survey, three kebeles were randomly selected out of 19 kebeles, one from each wereda. Then listing of households was carried out in each selected kebele by going from house to house. Using the household list, eligible respondents were identified and a target sample size was fixed at 900 (10% of the total eligible youths).

In allocating the sample-to-each kebele, the probability proportionate to size selection method was used, size being the number of eligible persons derived from the listing and then a sample of respondents were selected using a table of random numbers. Respondents were then approached by interviewers at their places of residence.

For the purpose of data collection, two different questionnaires were designed. The household questionnaire was used to identify eligible youths (aged 14-29) and the individual questionnaire to interview the sampled respondents.

Interviewers were recruited and given a one day training. After training, fieldwork was started on May 31, 1997 and completed on June 5, 1997. During the fieldwork, the randomly selected youths were interviewed using the individual questionnaire and the supervisor made editing of the completed questionnaires. Further, the supervisor made spot checks on the work of the interviewers. Data were entered in the computer using SPSS software and both uni variate as well as bi-variate analysis were used for analysis.

Results

The study indicated that more than half of the sampled youths are below the age of 20 and the vast majority (75.3%) are Christians, mainly followers of the Ethiopian Orthodox Church. A large proportion of the youths have been enrolled in schools. The proportion of out-of-school respondents in the sample appeared to be a little over represented.

Regarding their marital status, most respondents (95.2% of males and 80% of females) in the survey are never married (Table 1).

The survey also collected information on respondents' opinion on ideal ages of marriage of men and women. The majority of respondents, (44.7% of males and 47.1% of females) stated that men should get married at the ages of 25-29 years. And 39.1% of male and 34.2% of female respondents said 30 years and over is the ideal age of marriage for men. According to the respondents, the ideal mean age of first marriage for men should be about 27 years (Table 2).

Likewise, 43.2% of males and 39.7% of females noted that a woman should first get married by the age of 20-24 years. Overall, the ideal age for a woman to marry should be 22.2 years according to male respondents and 21.5 years according to female respondents.

Respondents were further asked about the ideal age for a woman to have her first child and found that it follows the same pattern of the ideal age of marriage. On the average, the ideal age for the birth of the first child should be 23.7 and 23.3 years according to male and female respondents, respectively (Table 2).

Nearly half of males and one-fifth of females reported to have ever experienced sexual intercourse. The proportion of unmarried youths that reported having had sexual intercourse rose with age. Among the unmarried male youths, this proportion increases from 21.4% among those aged 14-17 years to 76.1% among those aged 25-29. On the other hand, only 8.3% of unmarried females at ages 14-17 reported having had sexual intercourse. At ages 22-24 and 25-29 years, 43.3% and 40.1% of the youths respectively, had sexual experience (Table 3).

Regarding respondents' ages at first intercourse, the highest proportion, 48.1% of males and 37.8% of females, had their first sexual intercourse at the ages of 15-17 years. About one-third of the respondents had their first experience of sexual intercourse at

Ages of 18-19 years and only 13.6% above the age of 20 years. The mean age at first sexual intercourse is found to be 17.2 years among unmarried youths, 16.9 years for males and 18 years for females (Table 4).

The proportion of females who disapproved of sex before marriage is 77.7% as opposed to 53.2% among males. About 26% of males and 15.9% females

approve of sex if the two plan to marry. The study further showed that sex has been a topic of discussion with friends for 57.6% of males and 28.1% of females.

Out of the total respondents included in the sample, 14.8% admitted that they had experienced unintended pregnancy. Among females, this proportion appeared to be 14.5%, whereas among males, 15% reported that their sexual partner has experienced pregnancy when she did not intend.

Table 5 shows that more than half of the respondents (54.4% of males and 58% of females) had stated that the exact fertile period of a woman is during ovulation. About 16% and 15% of males and females, respectively, said the fertile period is right after her menses. About 18% of males and 15.4% of females do not know the exact fertile period of a woman. Accordingly, the overwhelming majority of the respondents (73.7% of males and 69.6% of females) noted that they got such information from schools and few from friends, magazines, and health institutions. Among young females who reported having sexual experience, 47% stated that they had, at least, one live birth, of which 12.5% gave birth out of wedlock. The average age at which females first gave birth was about 20 years.

The survey also indicated that nearly two-thirds of the young respondents (69.3% of males and 63.9% of females) reported to have known, at least, one contraceptive method. Knowledge of, at least, one method has increased with age, and currently married respondents are more knowledgeable than others. No major appreciable difference was observed in the knowledge of family planning methods between different religious groups (Table 6). The Pill and Condom were the most widely known contraceptive methods. Schools were the major single source of information about contraceptives, followed by mass media and friends.

Of the those who knew a method, about one-fourth (27% of males and 22.6% of females) reported having ever used a method. It was also observed that the majority of males (70%) reported that they had used condom, whereas 65.8% of females had practiced pill (Table 7).

The majority of ever users reported that health institutions were their main source of supply. The proportion of respondents who intend to use contraception in the future appeared to be high.

The survey has also shown that nearly all the sampled respondents (97.7 and 96.4% of males and females, respectively) have heard about HIV/AIDS. About two-thirds of females and 79.3% of males claimed that they have seen a person infected or had AIDS. About 60% of male and 47% of female respondents noted that they had known a person who died of AIDS. Regarding their knowledge on mode of transmission, the majority of respondents (95.2%) knew that transmission of HIV was primarily through sexual intercourse. Apparently, injection, razor, and blood transfusion were cited as the major modes of HIV transmission.

Discussion

Nearly half of the participating males and one-fifth of females reported to have experienced sexual intercourse. These figures are relatively higher compared to the results of similar studies. In Addis Ababa the figures were 39.8% for males and 5.6% for females (6); in Gondar, it was 16.2% of females and 46.2 % of males (7). In most studies, including the present one, the females data appeared to be relatively low. This could partly be attributed to under reporting by females about their sexual behavior.

Respondents of Harar town had started sexual intercourse at the mean age of 17.2 years (16.9 years for males and 18 years for females). The findings showed that males become sexually active earlier than their female counterparts. Relatively, Harar youths engage in sexual activity in later ages compared to Gondar youths, 16.5 years (7); Addis Ababa, 15.3 years for females and 16.4 years for males (6).

Data on attitude towards sexual behavior showed that disapproval of sex before marriage is apparent among most youths of Harar town. Of the interviewed youths, about two-thirds disapproved sex before marriage. Comparatively, more young females than males are against pre-marital sex. The proportion of females who disapproved sex before marriage is 77.7% as opposed to 53.2% among males.

A higher percentage of male respondents than females tend to discuss sex with their friends. Percentage distribution of respondents who discussed about sexual relations with friends showed that sex has been a topic of discussion for 57.6% of males and 28.1% of females.

Consequences of adolescent sexual behavior leading to unwanted pregnancy are considerable, involving social, psychological and medical implications that affect the mother, father, and newborn baby. The problems that encounter adolescents are multidimensional, including fear of the girl at the absence of her menstrual period, possible deterioration of family relations, abandonment of school, hasty and unpromising marriages, health problems, lesser employment opportunity, legal, and cultural problems (9,10).

Out of the respondents who have practiced sexual intercourse, only 14.8% claimed to have experienced unintended pregnancy. Although the proportion of respondents who admitted unwanted pregnancy seems to be small compared to other studies (7,8), there is still an urgent need to protect young men and women from such incidences by educating them about safe sex. The study further showed that more than half of the respondents (54.4% of males and 58% of females) know the time of ovulation, and when pregnancy would occur. This finding is higher than the study conducted in Addis Ababa in 1996 (11).

The interviewed youths appear to be fairly knowledgeable about contraception. When asked whether they have heard about any methods, 69.3% of males and 63.9% of females said they know of at least one method. The proportion with knowledge of family planning methods was greater among the older members of the age group than among younger youth, but male youth were slightly more knowledgeable than females. Contraceptive knowledge among Harar youths is, however, lower than those reported from North Gondar and Addis Ababa (7,12).

Although the level of knowledge about FP methods among the youth was generally favorable, nearly one-fourth reported having ever used a method to prevent pregnancy and/or STDs including HIV/AIDS. The specific contraceptive methods cited to have ever been used vary between male and female groups.

The majority of female respondents had practiced the pills, whereas male youth reported that they had used condom more frequently than the other methods. Contraceptive use experience of Harar youth is lower than Kola Diba, North Western Ethiopia (8).

The vast majority of respondents have a remarkable knowledge about HIV/AIDS and considerable proportions of them were able to specify the common ways of transmission of the disease. A similar observation was made in several studies done elsewhere in the country (8,12).

The following are recommended for considerations while implementing the Adolescent Reproductive Health Program of Harar: -

1. According to the survey findings it was observed that among male and female respondents, nearly one in ten misinformed about the fertile period of a woman's menstrual cycle and admitted that they did not know. The implications for this are immense. Specially, the misinformed respondents who may wrongly think that a pregnancy is not likely may be at greater risk of unintended pregnancy. Thus, the initiated reproductive health program has to play a role to correct the misinformation that is commonly spread through the informal network.
2. As the findings suggested, schools were the major source of information about reproductive health issues. However, motivational media campaign using clear, simple messages and positive images can inform youths where to get reproductive health services, as well as increase awareness about the risks of being sexually active and how to take preventive measures. The mass media could have indispensable role to play in raising awareness on the reproductive health issues for both in and out-of-school youths. In light of this, it is recommended to encourage and collaborate with the local mass media (Regional educational broadcasting service) to produce effective messages designed to overcome young people's perception on sexuality and reproductive health.
3. The study has come across that health institutions were implicated as major source of supply of family planning methods. These health units are responsible for provision of various preventive and curative health services, and obviously could spare limited time for family planning activities. Thus it is suggested to open family planning clinics at the project area, in order to ensure the availability and accessibility of contraceptive methods. Convenient ways for sexually active young adults to obtain condoms or other barrier contraceptive such as distribution by peer groups should be considered.
4. It is of paramount importance to mention that the level of awareness about HIV/AIDS by sample respondents was substantially high. What is remaining to do is to bring behavioral change in the youth group. In this context, much more than what is being done is expected from IEC programs and counseling by way of developing young people's knowledge of AIDS and other STDs, and hence changing their sexual practice.

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TABLE 1: Distribution of respondents by some characteristics, Harar, 1997

Characteristics	Male (N=400)	Female (N=499)	Total (N=899)
All	44.5	55.5	100
Age			
<20	54.3	56.7	56.0

20+	45.7	43.3	44.0
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Mean Age

Religion	19.6	19.5	19.5
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Orthodox	66.9	66.1	66.5
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Muslim	24.5	24.6	24.6
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Other Christian	8.6	9.3	8.9
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Educational status

In—school	46.9	41.9	44.1
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Out –of -school	53.1	58.1.	55.9
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Marital Status

NeverMarried	95.2	80.0	86.7
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Ever Married	4.8	20.0	13.3
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Table 2 Percentage Distribution of Respondents opinion on Ideal Ages of Marriage and first birth, Harar, 1997.

Ideal Age	Ideal Age of Marriage of a Man		Ideal age of Marriage of a Woman		Ideal Age of first Birth of a woman	
	Male (N=378)	Female (N=415)	Male (N=375)	Female (N=441)	Male (N=376)	Female (N=430)
<20	6.2	4.8	21.5	28.3	12.3	15.3
20-24	10.0	13.9	43.2	39.7	37.8	41.1
25-29	44.7	47.1	30.9	27.9	40.1	34.7
30+	39.1	34.2	4.4	4.1	9.8	8.9
Mean Age	27.3	27.1	22.2	21.5	23.7	23.3

Table 3 : Percentage Distribution of Unmarried Respondents who Ever Had Sexual Practices by Age, Harar, 1997

Age Group		Male	Female
Percent	N	Percent	N
14-17	21.4	140	8.3
			192

18.19	55.4	74	28.2	78
20.21	61.8	55	19.5	41
22-24	72.6	62	43.3	27
25-29	76.1	46	40.7	27
Total	49.2	377	20.9	398

**Table 4: Percentage Distribution of Respondents who ever
Han Sexual Intercourse by age at First Intercourse, Age at
first Intercourse Male Female Total**

	N=183		(N=82) (N=265)	
<15	10.4	4.9	8.7	
15-17	48.1	37.8	44.9	
18- 19	31.7	35.4	32.8	
20-21	6.6	7.3	6.8	
22+	3.3	14.6	6.8	
Mean Age		16.9	18.0	17.2

**Table 5: Percentage Distribution of Respondents’
Knowledge about the Fertile Period of a Woman, Harar**

Fertile period	Male (N=276)	Female (N=324)	Total (N=6000)
During menses	4.4	4.6	4.6
Right after her menses	15.6	14.8	15.2
During Ovulation	54.4	58.0	56.4
Just before her menses	10.5	8.5	9.3
Don’t Know	17.8	15.4	16.5

**Table 6: Percentage Distribution of Respondents who knew at
least one Method of Contraception by Background
Variables and Sex, Harar, 1997**

Background variables	Male (N=398)	Female (N=499)	Total (N=87)
Age Group			
14-17	48.6	42.3	44.8
18-19	75.7	76.7	76.3
20-21	78.9	72.7	75.9
22-24	82.1	81.4	81.7
25-29	86.4	78.7	82.1
Marital Status			
Never Married	68.3	59.6	63.7
Currently Married	89.5	85.2	86.0
Separated		60.0	60.0
Divorced		50.0	50.0
Religion			
Orthodox	69.2	64.8	66.5
Muslim	68.0	55.3	60.9
Protestant	67.7	81.0	75.3
Total	69.3	63.9	66.5

Table 7: Percentage Distribution of Respondents who had Ever Used Specific Method by Sex, Harar, 1997

Method	Male (N=110)	Female (N=114)	Total (N=224)
Pills	21.0	65.8	44.2
IUCD	2.7	3.5	3.1
Injectables	0.9	5.3	3.1
Foam Tablet	0.9	11.4	40.2

Condom	70.0	11.4	40.2
Natural Method	20.9	20.2	20.5
Total	27.0	22.6	24.5